

L22000229542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

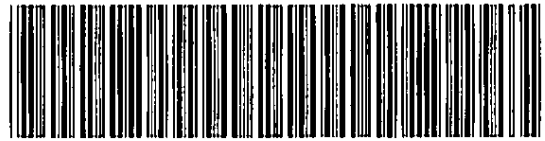
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SECRETARY OF STATE
FALL ASSETT, VA

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20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANNIE'S AT LATANIA DR, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LATONIA BOYKINS

Name of Person

Firm/Company

2601 CAMPUS HILL DRIVE

Address

TAMPA, FL 33625

City/State and Zip Code

anniesatlampa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LATONIA BOYKINS

813

494-7116

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2022 JUN -7 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
rds.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|------------------------|--------------------------------------------|
| AMBR | ANNIE'S ALF HOLDINGS, LLC | 2601 CAMPUS HILL DRIVE | <input type="checkbox"/> Add |
| | | TAMPA, FL 33612 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LATONIA BOYKINS | 2601 CAMPUS HILL DRIVE | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33612 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/3/2022


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Matthew A. Kassel, Esquire

Typed or printed name of signee